

3723



TRANSMITTAL FORM

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| Application No. | 09/874,174 |
| Filing Date | 4 June 2001 |
| First Named Inventor | Kajiwara |
| Examiner Name | E. Morgan |
| Group Art Unit | 3723 |
| Attorney Docket No. | A-70092/RMA/JML |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply – RESPONSE TO RESTRICTION REQUIREMENT <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Information Disclosure Statement; PTO 1449 & 3 References | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): ■ RETURN POSTCARD ■ CHECK #300705 (\$376) |
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FEE CALCULATION

EXTRA CLAIM FEES

| | Claims Remaining after Amendment | Highest Number Previously Paid for | Present Extra | Fee | Additional Fee |
|--|----------------------------------|------------------------------------|---------------|------|----------------|
| Total | 34 | 24 | = 10 | x 18 | = \$180 |
| Indep. | 7 | 6 | = 1 | x 86 | = \$86 |
| First Presentation of Multiple Dependent Claim | | | | | x = |
| Fee for additional claims | | | | | \$266 |
| Fee for 1-month extension of time | | | | | \$110 |
| TOTAL FEE ENCLOSED | | | | | \$376 |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|--|
| Firm or Individual name | Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for R. Michael Ananian, Reg. No. 35,050 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 | Telephone: 415 781 1989 Fax: 415 398 3249 |
| | Signature: Date: NOVEMBER 10, 2003 | |

CERTIFICATE OF MAILING

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| I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450, on this date: | | NOVEMBER 10, 2003 |
| Typed or printed name | MARIA CIGANOVICH | Signature: |